

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

Suite 375

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

07

14

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 77

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	41228.05
(b) Cash on Hand at Beginning of Reporting Period .....	63997.72	
(c) Total Receipts (from Line 19) .....	12148.37	83418.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76146.09	124646.09
7. Total Disbursements (from Line 31) .....	9750.00	58250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	66396.09	66396.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 77

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10502.10	54176.67
(ii) Unitemized .....	1646.27	29241.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12148.37	83418.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12148.37	83418.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12148.37	83418.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12148.37	83418.04

## DETAILED SUMMARY PAGE

of Disbursements

5 / 77

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	57000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	1250.00	1250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9750.00	58250.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9750.00	58250.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 77

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12148.37	83418.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12148.37	83418.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joy A. Amundson

Mailing Address 110 W. Onwentsia Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - BioScience

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2969.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-51

Amount of Each Receipt this Period

230.77

**B.**

Full Name (Last, First, Middle Initial)

Joy A. Amundson

Mailing Address 110 W. Onwentsia Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - BioScience

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2969.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-51

Amount of Each Receipt this Period

230.77

**C.**

Full Name (Last, First, Middle Initial)

Peter J. Arduini

Mailing Address 1059 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - Med Delivery

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-56

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

561.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter J. Arduini

Mailing Address 1059 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, President - Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-56

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert H. Armstrong

Mailing Address 133 Manchester Drive

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, R&D Medical Devices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-59

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Robert G. Babicke

Mailing Address 162 Cardinal Drive

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-96

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert G. Babicke

Mailing Address 162 Cardinal Drive

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-97

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Arthur Baker

Mailing Address 286 Whitworth

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.27

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-156

Amount of Each Receipt this Period

69.79

**C.**

Full Name (Last, First, Middle Initial)

Donald Arthur Baker

Mailing Address 286 Whitworth

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.27

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-157

Amount of Each Receipt this Period

69.79

**SUBTOTAL** of Receipts This Page (optional) .....

164.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-163

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-164

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt

Mailing Address 101 N E 3rd Avenue, Ste 1600

City

Ft Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Export Corporation

Occupation

VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-184

Amount of Each Receipt this Period

45.24

**SUBTOTAL** of Receipts This Page (optional) .....

245.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt

Mailing Address 101 N E 3rd Avenue, Ste 1600

City State Zip Code  
**Ft Lauderdale** **FL** **33301**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Export Corporation

Occupation  
VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.20

Date of Receipt

M M / D D / Y Y Y Y  
**0 6** **2 5** **2 0 1 0**

**Transaction ID:** 20100708165721-185

Amount of Each Receipt this Period

45.24

**B.**

Full Name (Last, First, Middle Initial)

Paulo Bolgar

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
101 Northeast 3rd Avenue

City State Zip Code  
**Ft Lauderdale** **FL** **33301**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Export Corporation

Occupation  
VP, HR - Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6** **1 1** **2 0 1 0**

**Transaction ID:** 20100708165659-183

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Paulo Bolgar

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
101 Northeast 3rd Avenue

City State Zip Code  
**Ft Lauderdale** **FL** **33301**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Export Corporation

Occupation  
VP, HR - Latin America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6** **2 5** **2 0 1 0**

**Transaction ID:** 20100708165721-184

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David L. Bonderud

Mailing Address 22294 W. Brookside Way

City State Zip Code

Lake Barrington

IL

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, US Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-24

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David L. Bonderud

Mailing Address 22294 W. Brookside Way

City State Zip Code

Lake Barrington

IL

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, US Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-24

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristina (Tina) R. Borucki

Mailing Address 8409 Shady Lane

City State Zip Code

Wonder Lake

IL

60097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Business Operations Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-43

Amount of Each Receipt this Period

20.04

SUBTOTAL of Receipts This Page (optional) .....

60.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristina (Tina) R. Borucki

Mailing Address 5305 Cobblers Crossing

City

McHenry

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Business Operations Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-43

Amount of Each Receipt this Period

20.04

**B.**

Full Name (Last, First, Middle Initial)

William P. Botha

Mailing Address 2225 Robinson Street

City

Redondo Beach

State

CA

Zip Code

90278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-49

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

William P. Botha

Mailing Address 2225 Robinson Street

City

Redondo Beach

State

CA

Zip Code

90278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-49

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John J. Bratsakis

Mailing Address 2405 Trailside Lane

City

Wauconda

State

IL

Zip Code

60084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

BCU Sr VP, Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-85

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John J. Bratsakis

Mailing Address 2405 Trailside Lane

City

Wauconda

State

IL

Zip Code

60084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

BCU Sr VP, Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-86

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-17

Amount of Each Receipt this Period

62.77

SUBTOTAL of Receipts This Page (optional) .....

112.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.17

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-17

Amount of Each Receipt this Period

62.77

**B.**

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.46

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-176

Amount of Each Receipt this Period

53.10

**C.**

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.46

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-177

Amount of Each Receipt this Period

53.10

**SUBTOTAL** of Receipts This Page (optional) .....

168.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 St Andrews Drive

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-38

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 St Andrews Drive

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-38

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Edward K. Chess

Mailing Address 5313 Abbey Drive

City

McHenry

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-11

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward K. Chess

Mailing Address 5313 Abbey Drive

City

McHenry

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-11

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony Ciganek

Mailing Address 233 Heath Ct

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-4

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Ciganek

Mailing Address 233 Heath Ct

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-4

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Edward M. Conrad

Mailing Address 113 S Waverly Pl

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Dir, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-161

Amount of Each Receipt this Period

38.70

B.

Full Name (Last, First, Middle Initial)

Edward M. Conrad

Mailing Address 113 S Waverly Pl

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Dir, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-162

Amount of Each Receipt this Period

38.70

C.

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.43

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-144

Amount of Each Receipt this Period

106.31

SUBTOTAL of Receipts This Page (optional) .....

183.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.43

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-145

Amount of Each Receipt this Period

106.31

**B.**

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Calle Guama #70 Mansiones Los Cedr

City

Cayey

State

PR

Zip Code

00736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-193

Amount of Each Receipt this Period

51.24

**C.**

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Calle Guama #70 Mansiones Los Cedr

City

Cayey

State

PR

Zip Code

00736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-194

Amount of Each Receipt this Period

51.24

**SUBTOTAL** of Receipts This Page (optional) .....

208.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-25

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-25

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Andrea Williamson Darsey

Mailing Address 147 Gerbera Street

City

Danville

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.59

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-99

Amount of Each Receipt this Period

31.63

**SUBTOTAL** of Receipts This Page (optional) .....

71.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrea Williamson Darsey

Mailing Address 147 Gerbera Street

City

Danville

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Plant Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.59

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-100

Amount of Each Receipt this Period

31.63

**B.**

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 Hummingbird Court

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2226.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-164

Amount of Each Receipt this Period

173.08

**C.**

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 Hummingbird Court

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2226.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-165

Amount of Each Receipt this Period

173.08

**SUBTOTAL** of Receipts This Page (optional) .....

377.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scot J. Deathos

Mailing Address 28461 Hidden Hills Blvd

City

Saugus

State

CA

Zip Code

91390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-102

Amount of Each Receipt this Period

38.70

**B.**

Full Name (Last, First, Middle Initial)

Scot J. Deathos

Mailing Address 28461 Hidden Hills Blvd

City

Saugus

State

CA

Zip Code

91390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-103

Amount of Each Receipt this Period

38.70

**C.**

Full Name (Last, First, Middle Initial)

Angel L. Egipciaco-Lassalle

Mailing Address 27225 Rose Mallow Lane (Fair Oaks  
(Fair Oaks Ranch)

City

Canyon Country

State

CA

Zip Code

91387-6950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Controller II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-153

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angel L. Egipciaco-Lassalle

Mailing Address 27225 Rose Mallow Lane (Fair Oaks  
(Fair Oaks Ranch)

City State Zip Code  
Canyon Country CA 91387-6950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Controller II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-154

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Scott A. Ehrmantraut

Mailing Address 7655 168th ave se

City State Zip Code  
mooreton ND 58061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-191

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Scott A. Ehrmantraut

Mailing Address 7655 168th ave se

City State Zip Code  
mooreton ND 58061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-192

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-46

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-46

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Etienne

Mailing Address 189 Lions Court

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-167

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Etienne

Mailing Address 189 Lions Court

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-168

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Camille I. Farhat

Mailing Address 1052 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
GM, BPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-64

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Camille I. Farhat

Mailing Address 1052 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
GM, BPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-65

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin E. Freeman

Mailing Address 20982 Buffalo Run

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, I Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-32

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin E. Freeman

Mailing Address 20982 Buffalo Run

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, I Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-32

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Guy G. Fusco

Mailing Address Baxter Expatriate Admin PO Box 747  
PO Box 747

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-178

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Guy G. Fusco

Mailing Address Baxter Expatriate Admin PO Box 747  
PO Box 747

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation  
Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-179

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-70

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-71

Amount of Each Receipt this Period

76.92

**SUBTOTAL** of Receipts This Page (optional) .....

173.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Erin M. Gardiner

Mailing Address 2442 W. Carmen Ave.

City

Chicago

State

IL

Zip Code

60625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-165

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Erin M. Gardiner

Mailing Address 2442 W. Carmen Ave.

City

Chicago

State

IL

Zip Code

60625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-166

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

James M. Gatling

Mailing Address 391 Sherbrooke Court

City

Crystal Lake

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2069.58

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-15

Amount of Each Receipt this Period

160.38

**SUBTOTAL** of Receipts This Page (optional) .....

210.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James M. Gatling

Mailing Address 391 Sherbrooke Court

City State Zip Code

Crystal Lake

IL

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2069.58

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-15

Amount of Each Receipt this Period

160.38

**B.**

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trace

City State Zip Code

Marietta

GA

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.42

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-59

Amount of Each Receipt this Period

55.20

**C.**

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trace

City State Zip Code

Marietta

GA

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.42

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-60

Amount of Each Receipt this Period

55.20

**SUBTOTAL** of Receipts This Page (optional) .....

270.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-110

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-111

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

William J. Gresham

Mailing Address 909 Clinton Place

City

River Forest

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-177

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William J. Gresham

Mailing Address 909 Clinton Place

City

River Forest

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-178

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, BioPharmaceuticals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-6

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

President, BioPharmaceuticals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-6

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, New Product Intro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.71

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-86

Amount of Each Receipt this Period

65.77

**B.**

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, New Product Intro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.71

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-87

Amount of Each Receipt this Period

65.77

**C.**

Full Name (Last, First, Middle Initial)

Leslie J. Herzog

Mailing Address 816 Moseley Rd.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Clinical Data Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.29

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-117

Amount of Each Receipt this Period

32.45

**SUBTOTAL** of Receipts This Page (optional) .....

163.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Leslie J. Herzog

Mailing Address 816 Moseley Rd.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Clinical Data Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.29

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-118

Amount of Each Receipt this Period

32.45

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Hombach

Mailing Address 126 Homewood Avenue

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-162

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Hombach

Mailing Address 126 Homewood Avenue

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-163

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

82.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary W. Inglese

Mailing Address 9321 Waterside Court

City

New Haven

State

IN

Zip Code

46774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Healthcare Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-71

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gary W. Inglese

Mailing Address 9321 Waterside Court

City

New Haven

State

IN

Zip Code

46774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Healthcare Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-72

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-168

Amount of Each Receipt this Period

83.63

**SUBTOTAL** of Receipts This Page (optional) .....

123.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-169

Amount of Each Receipt this Period

83.63

**B.**

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-145

Amount of Each Receipt this Period

39.42

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-146

Amount of Each Receipt this Period

39.42

**SUBTOTAL** of Receipts This Page (optional) .....

162.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kurt Johnson

Mailing Address 2322 Central Park Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Bus Plan & Dev & Admin Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-154

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kurt Johnson

Mailing Address 2322 Central Park Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Bus Plan & Dev & Admin Ldr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-155

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Johnson

Mailing Address 31385 W Somerset Circle

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-45

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Johnson

Mailing Address 31385 W Somerset Circle

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-45

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Keeley

Mailing Address 22606 Bridle

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HD/CRRT Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-127

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert C. Keeley

Mailing Address 22606 Bridle

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HD/CRRT Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-128

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane E. Kiernan

Mailing Address 525 W Roscoe St  
Apt 3W

City State Zip Code  
Chicago IL 60657-3540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
GM, IV Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-36

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Jane E. Kiernan

Mailing Address 525 W Roscoe St  
Apt 3W

City State Zip Code  
Chicago IL 60657-3540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
GM, IV Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-36

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-129

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-130

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema  
C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.69

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-180

Amount of Each Receipt this Period

77.99

**C.**

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema  
C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.69

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-181

Amount of Each Receipt this Period

77.99

**SUBTOTAL** of Receipts This Page (optional) .....

230.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-174

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-175

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City

Austin

State

TX

Zip Code

78723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-188

Amount of Each Receipt this Period

25.28

**SUBTOTAL** of Receipts This Page (optional) .....

65.28

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City

Austin

State

TX

Zip Code

78723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-189

Amount of Each Receipt this Period

25.28

**B.**

Full Name (Last, First, Middle Initial)

Edward (Ted) A. Langan

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-2

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Edward (Ted) A. Langan

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-2

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Betty D. Larson

Mailing Address 21334 Andover Road

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-131

Amount of Each Receipt this Period

41.60

**B.**

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 Writer CT

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-140

Amount of Each Receipt this Period

60.71

**C.**

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 Writer CT

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-141

Amount of Each Receipt this Period

60.71

**SUBTOTAL** of Receipts This Page (optional) .....

163.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jacopo Leonardi

Mailing Address 319 E. Vincent Ct.

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-126

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jacopo Leonardi

Mailing Address 319 E. Vincent Ct.

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-127

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond J. Linder

Mailing Address 246 Montclair Road

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-42

Amount of Each Receipt this Period

47.80

**SUBTOTAL** of Receipts This Page (optional) .....

97.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Raymond J. Linder

Mailing Address 246 Montclair Road

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-42

Amount of Each Receipt this Period

47.80

**B.**

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave.

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VPGM BioTherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-40

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave.

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VPGM BioTherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-40

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

147.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew A. Lykken

Mailing Address 421 North Wheaton Ave

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-175

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew A. Lykken

Mailing Address 421 North Wheaton Ave

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-176

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Maniko

Mailing Address 116 Tennessee Avenue NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-128

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jack Maniko

Mailing Address 116 Tennessee Avenue NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-129

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City

Lakewood

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1032.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-22

Amount of Each Receipt this Period

80.28

**C.**

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City

Lakewood

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1032.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-22

Amount of Each Receipt this Period

80.28

SUBTOTAL of Receipts This Page (optional) .....

190.56

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City

Bannockburn

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2258.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-171

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City

Bannockburn

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2258.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-172

Amount of Each Receipt this Period

175.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. McAndrew

Mailing Address 795 Foxmoor

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-98

Amount of Each Receipt this Period

36.54

SUBTOTAL of Receipts This Page (optional) .....

386.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. McAndrew

Mailing Address 795 Foxmoor

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-99

Amount of Each Receipt this Period

36.54

**B.**

Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, President - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2158.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-131

Amount of Each Receipt this Period

167.31

**C.**

Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, President - Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2158.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-132

Amount of Each Receipt this Period

167.31

**SUBTOTAL** of Receipts This Page (optional) .....

371.16

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John K. McVey

Mailing Address 6320 Longwood Road

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs &amp; Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 20100708165659-185

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John K. McVey

Mailing Address 6320 Longwood Road

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs &amp; Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Transaction ID: 20100708165721-186

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kelli Mills Lester

Mailing Address 3140 creswell dr

City

falls church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 20100708165659-112

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kelli Mills Lester

Mailing Address 3140 creswell dr

City

falls church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-113

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 340 E Scranton Ave

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Corporate Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-69

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 340 E Scranton Ave

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Corporate Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-70

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 / 77

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. Murphy

Mailing Address 14601 N Somerset Circle

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-138

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy J. Murphy

Mailing Address 14601 N Somerset Circle

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-139

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Avenue

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Business Alliances

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-155

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Avenue

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Business Alliances

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-156

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Asst General Counsel, Patent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-94

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Asst General Counsel, Patent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-95

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thor F. Paulson

Mailing Address 13941 Cooper Way

City

Orland Park

State

IL

Zip Code

60467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-75

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Thor F. Paulson

Mailing Address 13941 Cooper Way

City

Orland Park

State

IL

Zip Code

60467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-76

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John W. Percival

Mailing Address 691 CYPRESS AVE

City

PASADENA

State

CA

Zip Code

91103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-116

Amount of Each Receipt this Period

21.75

**SUBTOTAL** of Receipts This Page (optional) .....

71.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John W. Percival

Mailing Address 691 CYPRESS AVE

City

PASADENA

State

CA

Zip Code

91103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-117

Amount of Each Receipt this Period

21.75

**B.**

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 9078 Brook Ford Road

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-124

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 9078 Brook Ford Road

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-125

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

71.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City

Los Angeles

State

CA

Zip Code

90008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-133

Amount of Each Receipt this Period

57.46

**B.**

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City

Los Angeles

State

CA

Zip Code

90008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-134

Amount of Each Receipt this Period

57.46

**C.**

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-29

Amount of Each Receipt this Period

34.28

**SUBTOTAL** of Receipts This Page (optional) .....

149.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.66

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-29

Amount of Each Receipt this Period

34.28

**B.**

Full Name (Last, First, Middle Initial)

Joseph A. Pudlo

Mailing Address 525 Trestle Court

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-30

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Pudlo

Mailing Address 525 Trestle Court

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-30

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

74.28

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Julie A. Quick

Mailing Address 3223 Epstein Circle

City

Mundelein

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 20100708165659-192

Amount of Each Receipt this Period

21.77

**B.**

Full Name (Last, First, Middle Initial)

Julie A. Quick

Mailing Address 3223 Epstein Circle

City

Mundelein

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Transaction ID: 20100708165721-193

Amount of Each Receipt this Period

21.77

**C.**

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Court

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 20100708165659-31

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

83.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Court

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-31

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley Road

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.41

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-172

Amount of Each Receipt this Period

58.25

**C.**

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley Road

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.41

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-173

Amount of Each Receipt this Period

58.25

**SUBTOTAL** of Receipts This Page (optional) .....

156.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Darwin Richardson

Mailing Address 3927 Corte Cancion

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-50

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Darwin Richardson

Mailing Address 3927 Corte Cancion

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr Director, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-50

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Dawn D. Robinson-Rose

Mailing Address 1007 La Rambla Drive

City

Burbank

State

CA

Zip Code

91501-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-101

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dawn D. Robinson-Rose

Mailing Address 1007 La Rambla Drive

City

Burbank

State

CA

Zip Code

91501-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-102

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jill A. Rowison

Mailing Address 1280 21st St NW Unit 906  
Unit 906

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr. Mgr, PAC and Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-91

Amount of Each Receipt this Period

23.26

**C.**

Full Name (Last, First, Middle Initial)

Jill A. Rowison

Mailing Address 1280 21st St NW Unit 906  
Unit 906

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr. Mgr, PAC and Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-92

Amount of Each Receipt this Period

23.26

**SUBTOTAL** of Receipts This Page (optional) .....

71.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Russo

Mailing Address 27928 Periwinkle Lane

City

Valencia

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-141

Amount of Each Receipt this Period

33.34

**B.**

Full Name (Last, First, Middle Initial)

Joseph Russo

Mailing Address 27928 Periwinkle Lane

City

Valencia

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-142

Amount of Each Receipt this Period

33.34

**C.**

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.69

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-169

Amount of Each Receipt this Period

101.89

**SUBTOTAL** of Receipts This Page (optional) .....

168.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.69

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-170

Amount of Each Receipt this Period

101.89

**B.**

Full Name (Last, First, Middle Initial)

Kaissar Saade

Mailing Address 18522 Roslin Ave

City

Torrance

State

CA

Zip Code

90504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.42

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-68

Amount of Each Receipt this Period

17.14

**C.**

Full Name (Last, First, Middle Initial)

Kaissar Saade

Mailing Address 18522 Roslin Ave

City

Torrance

State

CA

Zip Code

90504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.42

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-69

Amount of Each Receipt this Period

17.14

**SUBTOTAL** of Receipts This Page (optional) .....

136.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address Baxter Expat Admin PO Box 747  
PO Box 747

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation  
Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-182

Amount of Each Receipt this Period

59.20

**B.**

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address Baxter Expat Admin PO Box 747  
PO Box 747

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter World Trade Corpor-  
ation

Occupation  
Away on Assignment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-183

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak Street

City State Zip Code  
Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1149.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-166

Amount of Each Receipt this Period

91.35

**SUBTOTAL** of Receipts This Page (optional) .....

213.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1149.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-167

Amount of Each Receipt this Period

91.35

**B.**

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211  
Unit 211

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.75

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-3

Amount of Each Receipt this Period

61.01

**C.**

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211  
Unit 211

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.75

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-3

Amount of Each Receipt this Period

61.01

**SUBTOTAL** of Receipts This Page (optional) .....

213.37

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 Utley

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-151

Amount of Each Receipt this Period

61.54

**B.**

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 Utley

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-152

Amount of Each Receipt this Period

61.54

**C.**

Full Name (Last, First, Middle Initial)

Lori E. Sims

Mailing Address 66 Cooper Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-95

Amount of Each Receipt this Period

22.88

**SUBTOTAL** of Receipts This Page (optional) .....

145.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lori E. Sims

Mailing Address 66 Cooper Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-96

Amount of Each Receipt this Period

22.88

**B.**

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Lane

City

Independence

State

KY

Zip Code

41051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-186

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Lane

City

Independence

State

KY

Zip Code

41051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-187

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

72.88

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-159

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 20100708165721-160

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Lanes

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: 20100708165659-170

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) .....

272.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Lanes

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-171

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-1

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-1

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Drive

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1332.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-142

Amount of Each Receipt this Period

103.92

**B.**

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Drive

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1332.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-143

Amount of Each Receipt this Period

103.92

**C.**

Full Name (Last, First, Middle Initial)

Chris P. Vlautin

Mailing Address 4306 Arenzano Way

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-90

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chris P. Vlautin

Mailing Address 4306 Arenzano Way

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Mgr, State Government Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-91

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Vernon E. Williams

Mailing Address 1601 Wyndham Court

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-135

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Vernon E. Williams

Mailing Address 1601 Wyndham Court

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Information Technology

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-136

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ron K. Wilson

Mailing Address 6800 Red Rock Road

City

Amarillo

State

TX

Zip Code

79118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sales Representative III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-104

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ron K. Wilson

Mailing Address 6800 Red Rock Road

City

Amarillo

State

TX

Zip Code

79118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sales Representative III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-105

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jerzy Wojcik

Mailing Address 9375 Landings Lane Unit 404  
Unit 404

City

Des Plaines

State

IL

Zip Code

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

Sr. Manager, Global Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-149

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jerzy Wojcik

Mailing Address 9375 Landings Lane Unit 404  
Unit 404

City State Zip Code  
Des Plaines IL 60016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr. Manager, Global Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-150

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter  
One Baxter Parkway

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, US Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-106

Amount of Each Receipt this Period

51.20

**C.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter  
One Baxter Parkway

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, US Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-107

Amount of Each Receipt this Period

51.20

**SUBTOTAL** of Receipts This Page (optional) .....

127.40

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106  
Unit 106

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Quality GIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 20100708165659-107

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106  
Unit 106

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Quality GIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 20100708165721-108

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

10502.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 / 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813	<b>Transaction ID:</b> B7DF542A9F1AC0FC8F0 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	0			
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		1	0		2	0	1	0															
City Richmond State VA Zip Code 23226 Purpose of Disbursement 2010 General Candidate Name Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	2500.00	011	Category/Type																				
2500.00																								
011																								
Category/Type																								
<b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress Mailing Address Post Office Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement 2010 General Candidate Name Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	<b>Transaction ID:</b> 811119E68563052F9D6 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0	1000.00	011	Category/Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		2	4		2	0	1	0															
1000.00																								
011																								
Category/Type																								
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Burgess for Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement 2010 General Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26	<b>Transaction ID:</b> 43C7ABCAAF66D34DA842 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0	1000.00	011	Category/Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		2	4		2	0	1	0															
1000.00																								
011																								
Category/Type																								

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

New Pac

Mailing Address PO Box 7480

City  
Visalia

State  
CA

Zip Code  
93290

Purpose of Disbursement  
2010 Contribution

011

Candidate Name  
New Pac

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: F7A4AFBF4611EFEAE24

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Schiff for Congress

Mailing Address 777 S. Figueroa St.  
Suite 4050

City  
Los Angeles

State  
CA

Zip Code  
90017

Purpose of Disbursement  
2010 General

011

Candidate Name  
Adam B. Schiff

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 29

Contribution

Transaction ID: 26D1BB7501D75A5F2A7

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Trust Pac Team Republicans for Utilizing Sensible Tactics

Mailing Address 228 S. Washington Street  
Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2010 Contribution

011

Candidate Name  
Trust Pac Team Republicans for Utilizing Sensible Tactics

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 519735363535305F8E9

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 / 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Volunteers for Shimkus

Mailing Address PO Box 661  
PO Box 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
2010 GeneralCandidate Name  
John M. ShimkusOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 19

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 8450457A9437DFD3D70

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

8500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Fende for State Representative

Mailing Address 372 East 328th Street

City  
Willowick

State  
OH

Zip Code  
44095

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6294A7BBA22C17193F3

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Barbara Boyd

Mailing Address 3623 Cummings Lane

City  
Cleveland Heights

State  
OH

Zip Code  
44118

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: F8A2C5FE1CACDFFA998

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Debbie Phillips

Mailing Address 48 Hudston Ave

City  
Athens

State  
OH

Zip Code  
45701

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: C4696A3664BD9FB0423

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

1250.00